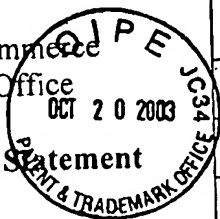


To: U.S. Department of Commerce  
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FORM PTO-1449 (modified)



Attorney Docket No.: 2544-0404

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Applicant: QUBTI, Marwan et al.

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Page 1 of 1

Examiner: *Abel: 2011*  
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U.S. PATENT DOCUMENTS

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
<i>NBS</i>	AR	5,983,194	11/09/1999	Hogge et al.			
<i>↓</i>	BR	6,138,104	10/24/2000	Marchak et al.			
<i>↓</i>	CR	6,539,404	03/25/2003	Ouchi			
	DR						
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

FOREIGN PATENT DOCUMENTS

		NR							
FOREIGN PATENT DOCUMENTS						English Abstract		Translation Readily Available	
		Document Number	Date MM/YYYY	Country	Inventor Name	Enclosed	No	Enclosed	No
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OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

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ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Date Considered: 9/14/06

\*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.